



COMMONWEALTH COORDINATED CARE PLUS WAIVER: PERSONAL CARE REFRESHER

Home and Community Based Services

HCBS

HCBS Waivers are designed to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.

- HCBS Waiver requirements:
 - Ensure the protection of people's health and welfare
 - Ensure that services follow an individualized and person-centered plan of care

Waiver Quality Assurances

- Waiver participant must meet institutional level of care
 - LTSS Screening initially
 - Annual Level of Care review
 - Establishes medical necessity for waiver services
- Service plans must address the participant's assessed needs (including health and safety risk factors) and personal goals
- Participants have choice of institutional or HCBS
- Participants have choice of services within the waiver

Personal Assistance Services

- Hands-on care of either a supportive or health-related nature and enable an individual to maintain the health status and functional skills necessary to live in the community
 - Activities of daily living (ADLs) and Instrumental ADLs
 - Community integration
 - Monitoring of self-administered medications
 - Monitoring of health status and physical condition
 - Supervision
 - Tasks delegated by RN

Models of Service Delivery

Agency Directed

- Traditional
- Services provided by staff employed by a provider agency

Consumer Directed

- Participant/ Designee directs care and employs attendant
- Receive support from a Services Facilitation provider

Personal Care Service Authorization

- Community-Based Care Individual Assessment Report - DMAS 99
- Provider Plan of Care -DMAS97 A/B
- Request for Supervision -DMAS 100
- Additional information from the provider

Community-Based Care Individual Assessment Report (DMAS -99)

- Documents the assessment completed by the provider (RN or Services Facilitator (SF)
- Provides information including functional status, support system, medical needs, etc.
- Functional Status –Dependence/Independence in an area
- Medical/Nursing Information – All Diagnosis contributing to health needs

DMAS-99

Community-Based Care Recipient Assessment Report

☐ Agency-Directed Services
 ☐ Consumer-Directed Services
 Assessment Date: _____

☐ Initial Visit
 ☐ Routine Visit
 ☐ Six-Month Re-assessment

Recipient's Name: _____ Date of Birth: _____
 Medicaid ID #: _____ Start of Care: _____
 Recipient's Current Address: _____ Agency Name: _____
 _____ Provider ID #: _____
 Recipient's Phone: () _____ Recipient's SSN#: _____

FUNCTIONAL STATUS

ADLs	Needs No Help	MH Only	Human Help		MH & Human Help		Always Performed By Others	Is Not Performed At All
			Supervise	Phys. Asst.	Supervise	Phys. Asst.		
Bathing								
Dressing								
Toileting								
Transferring								
Eating/Feeding								

CONTINENCE	Continent	Incontinent < Weekly	Incontinent Self Care	Incontinent Weekly or >	External Device Not Self Care	Indwelling Cath Not Self Care	Ostomy Not Self Care
Bowel							
Bladder							

Needs No Help	MH Only	Human Help		MH & Human Help		Confined Moves About	Confined Does Not Move About
		Supervise	Phys. Asst.	Supervise	Phys. Asst.		

ORIENTATION					
Oriented	Disoriented-Some Spheres/Sometimes	Disoriented-Some Spheres/All Times	Disoriented-All Spheres/Sometimes	Disoriented-All Spheres/All Times	Semi-Comatose/Comatose
Spheres Affected:			Source of Info:		

BEHAVIOR					
Appropriate	Wandering/Passive <	Wandering/Passive	Abusive/Agressive/	Abusive/Agressive/	Semi-Comatose/

Functional Status

- ADLs (bathing, dressing, toileting, transferring, eating/feeding)
- Continence
- Mobility
- Orientation
- Behavior
- Joint Motion
- Medication Administration

Note: Long Term Services Screening manual provides criteria to determine dependence, semi-dependence, or independence in each area.

Medical/Nursing Information

- Diagnosis
- Current health status/condition (such as weight loss or gain (if pertinent), medication changes, MD visits, including for what reason, and whether the participant's condition has improved, declined, or remained stable.
- Nursing Needs- any information that should be monitored by the RN or the doctor, such as, blood sugar levels, wounds, weight loss, malnutrition, dehydration, respiratory distress, immobility issues, circulatory problems, blood-work for medication adjustments.

Medical/Nursing Information (continued)

- Therapies/Special Medical Procedures (ex. Physical Therapy, Speech Therapy and Occupational Therapy)
- Hospitalizations – Dates of admission and Discharge reason

Support System

- Documents support system and any changes needed in the hours on the Plan of Care, the need for supervision
- Identifies any other waiver services being received
- Other Medicaid/non-Medicaid covered services (ex. Meals on Wheels, companion services, etc.)

RN/Services Facilitation Supervision

- Dates of RN supervisory visits/ SF routine for the last six months
- Accuracy of the aide documentation – is the plan of care being followed
- Is the plan of care meeting the participant's needs? If no, provider must explain why and how the plan of care will be changed to meet the needs

Consistency and Continuity

- Identifies number of days of service in last 6 months
- Any care problems
- Provider satisfaction

Plan of Care

- Individualized and based on the participant's needs
- Person-centered and developed with the participant to ensure their needs and goals are addressed
- Documented on the Agency or CD Provider Plan of Care form (97 A/B)

Plan of Care (97 AB)

This Section Must Be Completed in its Entirety for Agency- & Consumer-Directed Services

Composite ADL Score = (The sum of the ADL ratings that describe this recipient.)			
<u>BATHING SCORE</u>		<u>TRANSFERRING SCORE</u>	
Bathes without help or with MH only	0	Transfers without help or with MH only	0
Bathes with HH or with HH & MH	1	Transfers w/ HH or w/HH & MH	1
Is bathed	2	Is transferred or does not transfer	2
<u>DRESSING SCORE</u>		<u>EATING SCORE</u>	
Dress without help or with MH only	0	Eats without help or with MH only	0
Dresses with HH or with HH & MH	1	Eats with HH or HH & MH	1
Is dressed or does not dress	2	Is fed: spoon/tube/etc.	2
<u>AMBULATION SCORE</u>		<u>CONTINENCY SCORE</u>	
Walks/Wheels without help w/MH only	0	Continent/incontinent < wkly self care of internal	
Walks/Wheels w/ HH or HH & MH	1	/external devices	0
Totally dependent for mobility	2	Incontinent weekly or > Not self care	2
LEVEL OF CARE (LOC)	<input type="checkbox"/> A (Score 0 - 6) Maximum Hours of 25/Week	<input type="checkbox"/> B (Score 7 - 12) Maximum Hours 30/Week	<input type="checkbox"/> C (Score 9 + wounds, tube feedings, etc.) Maximum Hours 35/Week
	<input type="checkbox"/> D Exceeds 35 Hours per Week	<input type="checkbox"/> E Exceptions by Department	

Plan of Care - 97A/B

- Composite ADL Score (Bathing, Dressing, Ambulation, Transferring, Eating, Continence)
 - Independent or Mechanical assistance = 0
 - Human assistance and /Mechanical assistance = 1
 - Dependent = 2
- LOC A (Score 0-6)
- LOC B (Score 7-12)
- LOC C (Score 9+ wounds, tube feedings, etc.) – medically complex

Level of Care A

Minimal Needs - Often borderline in meeting the criteria for nursing facility care (ADL score 2-3). May require prompting or use mechanical help; may need standby assistance:

- ADLs - .75 - 1 hour/day IADLs - 1 - 1.5 hours/day

Average Needs - need for hands-on assistance, (ADL score 3-4):

- ADLs - 1 - 1.5 hours/day IADLs 1 - 1.5 hours/day

Heavy Needs - Require some assistance in all areas of ADL care (ADL score 4-6):

- ADLs - 1.5 - 2 hours/day IADLs - 1 - 1.5 hours/day

Level of Care B

Minimal Needs - May require assistance to ambulate, but are still able to perform some tasks for themselves (ADL score 7-8):

- ADLs - 1.5 - 2 hour/day IADLs - 1 - 1.75 hours/day

Average Needs - May require assistance with most ADLs, including transferring, ambulating, eating, and toileting, (ADL score 9-10)

- ADLs - 2 - 2.5 hours/day IADLs 1 - 1.75 hours/day

Heavy Needs - Requires the maximum amount of assistance in all ADLs. Usually bed-confined , may take less time to perform services than the individual who performs some self-care but requires assistance (ADL score 11-12)

- ADLs - 1.5 - 2.5 hours/day IADLs - 1 - 1.75 hours/day

Level of Care C

Minimal Needs - May have the **maximum** in-home support and minimal special maintenance needs.

- ADLs - 1.5 – 2 hour/day IADLs - 1 – 2 hours/day

Average Needs - require more ADL time to prevent skin breakdown by frequent turning, may require wound care

- ADLs - 2 – 3 hours/day IADLs 1 - 2 hours/day

Heavy Needs Complex medical needs

- ADLs – 2-3 hours/day IADLs - 1 - 2 hours/day

Maximum Hours Guidelines

- Keep in mind, these are guidelines and a participant may require less or additional hours than indicated by the LOC composite score
- Based on individual circumstances including natural support system

Plan of Care

Categories/Tasks	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1. ADL's							
Bathing							
Dressing							
Toileting							
Transfer							
Assist Eating							
Assist Ambulate							
Turn/Change Position							
Grooming							
Total ADL Time:							
2. Special Maintenance							
Vital Signs							
Supervise Meds							
Range of Motion							
Wound Care							
Bowel/Bladder Program							
Total Maint. Time:							
3. Supervision Time							
4. IADLS							
Meal Preparation							
Clean Kitchen							
Make/Change Beds							
Clean Areas Used by Recipient							
Shop/List Supplies							
Laundry							
(CD only) Money Management							
Medical Appointments							
Work/School/Social							
Total IADLS Time:							
TOTAL DAILY TIME:							

Provider Plan of Care

- Identifies time needed for each task daily
 - ADLs
 - Special Maintenance (vital signs, supervise meds, range of motion, wound care, bowel/bladder program- require MD orders)
 - Supervision
 - IADLs – generally limited to up to 2 hours a day (based on the individual's needs)

Supervision

Supervision hours are to monitor participants who require and have a documented need for the physical presence of the aide or attendant to ensure their safety during times when no other support system is available.

Participant may live alone and receive supervision as long as there is proof that they are never left alone

Supervision

- Participant cannot be left alone at any time due to mental or severe physical incapacitation
- Unable to call for help in case of an emergency and there is no competent adults in the home who are capable of dialing 911 in the event of an emergency
- To ensure the health, safety and welfare of the waiver individual

Supervision

SUPERVISION IS NOT APPROPRIATE WHEN

- Requested for family members to sleep unless the participant is dependent in orientation and behavior pattern (documented on DMAS 99) AND cannot be left alone at any time due to documented safety issues or wandering risk
- Requested because the participant's family would prefer to have someone with them (there must be a clear and present danger to the individual as a result of being left unsupervised)

Request for Supervision (DMAS 100)

REQUEST FOR SUPERVISION HOURS IN PERSONAL CARE

Recipient Name: _____ Medicaid ID: _____

Primary Provider: _____ Provider Number: _____

I. RECIPIENT COGNITIVE AND PHYSICAL NEEDS WHICH JUSTIFY NEED FOR SUPERVISION

- A. **Cognitive Status:** Describe the recipient's cognitive status and impact it has on his/her behavior. If the recipient is confused at different times of the day, please explain. State whether the recipient can/cannot be left alone. If the recipient can be left alone without being a danger to self or others, what is the maximum amount of time that he/she can be left alone? Does the recipient have appropriate judgement/decision making abilities? *(Be as detailed as possible. It is important that the RN make a correct appraisal of the cognitive status of the recipient. Cognitive impairment is defined as a severe deficit in mental capability that affects areas such as thought processes, problem-solving, judgment, memory, or comprehension and that interferes with such things as reality orientation, ability to care for self, ability to recognize danger to self or others, or impulse control.)*

- B. **Physical Incapacity:** Describe the degree of physical incapacity and how it justifies a need for supervision.

1. Incontinence:

Bowel: _____ Frequency of Changes: _____

Bladder: _____ Frequency of Changes: _____

2. Can the recipient change position/shift/transfer without assistance?

Request for Supervision form (DMAS-100)

- Reason supervision is needed
- Amount of supervision needed
- Schedules of all adult residents in the home and formal/informal caregivers
- Who will provide supervision in the absence of PC aide/attendant

Supervision Assessment

- Cognitive Status
 - Impact on behavior
 - Why the participant can't be left alone or the amount of time they can be left alone
 - Decision making abilities
- Degree of Physical Support Needs
 - Bowel/Bladder
 - Transferring
 - Fall Risk
 - Skin Breakdown

Supervision Assessment

- Medical Condition
- Ability to use the phone to call for assistance
- Mobility
- Support System
 - Primary Caregiver
 - Work Hours
 - Schedules of all adults in the home
 - Back-up plan

Supervision Guidelines

- Must be authorized prior to being rendered
- Up to 8 hours per day can be authorized
- Documentation that someone is with the participant 24 hours per day
- Cannot have Supervision and a Personal Emergency Response System (PERS) simultaneously

Instrumental Activities of Daily Living

- Household tasks such as bed making, dusting, vacuuming, laundry, and grocery shopping,
- Limited to areas that are used by the participant
- Access to the community
- Medical appointments

56 Hour/ Week Soft Cap

- Exception Criteria:
 - Documented ADL dependencies in all areas; OR
 - Dependent in Behavior and Orientation; OR
 - Open Child Protective Services or Adult Protective Services investigation

Case Scenario 1

- Mrs. Walker is the PCG for her mother, Ms. Green, who is 80 yo.- Hx of stroke with L side weakness and very Hard of Hearing (HOH) The two live together alone. Ms. Walker has a PT job M-W-F 9a-5pm. Mrs. Green is at home every day and has PC from 8am- 1 pm Monday - Saturday, with Supervision hours used every M-W-F from 1pm -6pm (so Ms. Walker has time to get home from her PT job.) Ms. Green is never left alone at home, because she can't hear noises and would not know if she were in danger from fire or an intruder due to her poor hearing.

Case Scenario 2

- Ms. Wells lives with her son's family, and has a PC aide for 4 hours each day M-F. She has 1 hr allotted for IADLs daily. She asks her PC aide to pick up the kids' dirty dishes from breakfast, in the den when they finish with her ADL's and she goes in the den to watch TV. Ms Wells also asks the PC aide to skip her bath the next day because she would rather have her oven and stove top cleaned.
- These are not IADL's in a POC. The aide is to keep the areas that have been used during ADL's clean and uncluttered but is not expected to clean up for any other family members. The oven and stove cleaning are considered "heavy cleaning" and are not considered IADL's.

Case Scenario 3

- Mr. Smith 67 y.o with dementia, wanders, unable to use the phone and does not recognize danger. He has been known to try to cook and forgets to turn the stove off. He has experienced 3 falls over the last 2 months. He lives with his son who works 9-5. Mr. Smith receives supervision hours each weekday as he is not safe to be left alone.

Case Scenario 4

- Mr. Johnson, a 73 y.o. with arthritis, back pain, and hx of COPD and shortness of breath and receives personal care. He lives with his wife who has some medical needs but does not meet waiver criteria. Their family requests supervision hours for Mr. Johnson as they are uncomfortable with them being alone. Supervision is denied because Mrs. Johnson is alert and able to call for help if needed.

Things to Remember

- Waiver enrollment = medically necessity
- Pend for additional information
- Documentation must supports requested hours
- There is no cookie cutter approach, all plans of care are individualized
- Social supports matter
- Use professional judgement

Resources

- Elderly or Disabled with Consumer Direction Provider Manual (Chapter IV)
- Pre-Admission Screening Manual for Long-Term Services and Supports (Chapter IV)
- For CCC Plus waiver questions, e-mail to:
 - cccpluswaiver@dmas.virginia.gov